

Name  
In  
Full

Catherine Amelia Beatty

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

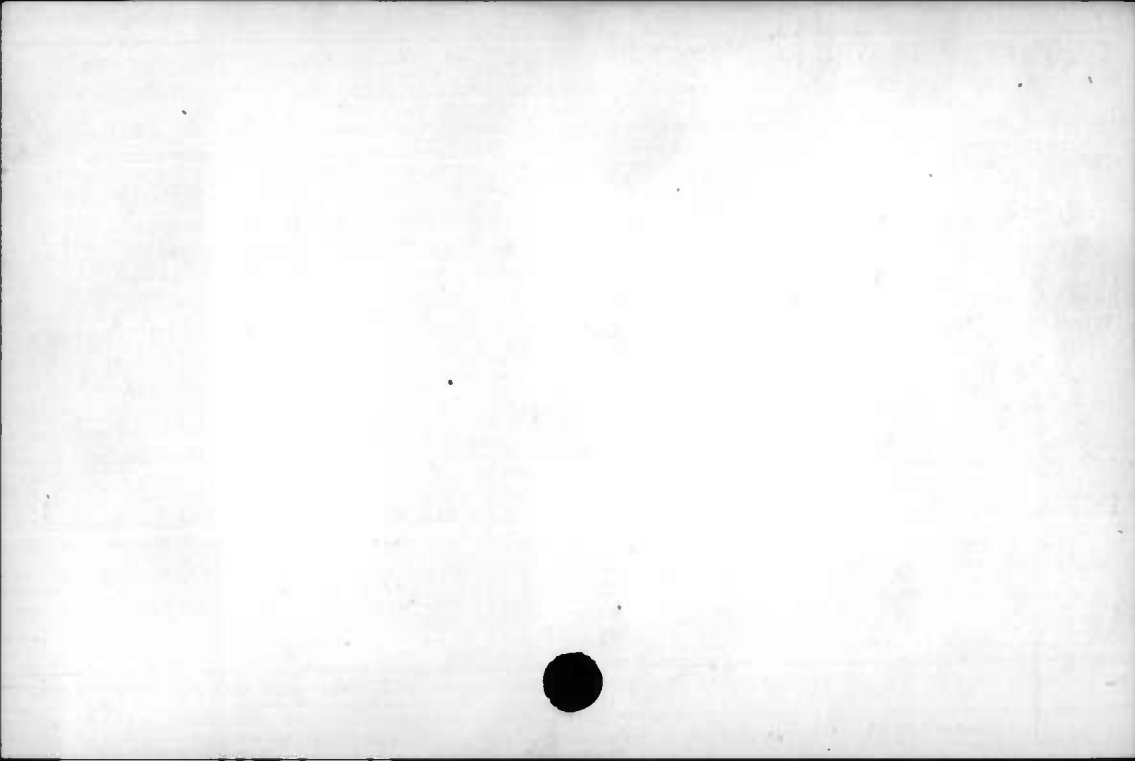
Died at <i>Ingleside</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	1907	Month	7	Day	13
Age	85	Years	3	Months	18
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Caroline Co., Md.</i>
Occupation	<i>Lady</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Dr. Louis H. Beatty</i>		
Father's Name	<i>Peter Robinson</i>		Father's Birthplace	<i>Caroline Co.</i>	
Mother's Maiden Name	<i>Sarah Mitchell</i>		Mother's Birthplace	<i>Milford Del.</i>	
Name of person giving information	<i>P. Addison Morgan</i>		How related to deceased	<i>Nephew</i>	

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis &amp; General Debility</i>	How long	
Immediate	<i>Heart out</i>	How long	<i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Abraham M. [illegible]</i>	
		Address <i>Ingleside, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Mrs Annie E Elliott

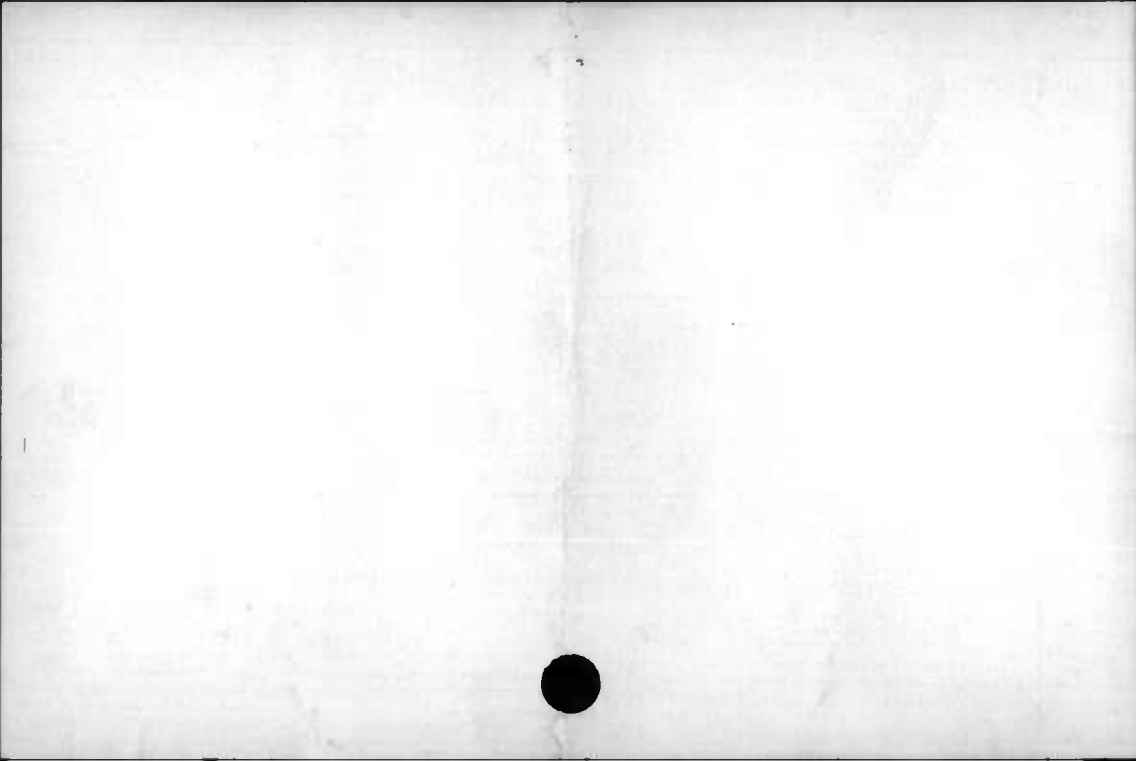
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Barclay		County Queen Anne		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		7	15	65		9	29
Sex	Female		Color or Race	White		Birth-place	Queen Anne
Occupation	House Wife			Where Residing if not at place of death		Barclay	
Married, Single or Widowed	Married		Name of Wife or Husband		John Elliott		
Father's Name	Samuel Seevery					Father's Birthplace	Queen Anne
Mother's Maiden Name	Kate Reynolds					Mother's Birthplace	Queen Anne
Name of person giving information					J Harry Elliott		
					How related to deceased		
					Son		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Peritonitis	(116)	How long	10 days
	Immediate	" Ectension		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Walter Sudder
				Address	Sudder ville
					no
Accident or Suicide?					



Name in Full		Town		County		CERTIFICATE OF DEATH	
Not named		Centreville		Queen Anne		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		July 11		Still-born			
Sex		Color or Race		Birth-place			
Female		Negro		Centreville			
Occupation		Where Residing if not at place of death					
None		X					
Married, Single or Widowed		Name of Wife or Husband					
X		None					
Father's Name		Father's Birthplace					
Would not give		Not given					
Mother's Maiden Name		Mother's Birthplace					
Alice Wilmer Lee		Centreville					
Name of person giving information		How related to deceased					
Alice Wilmer Lee		Mother					
CAUSES OF DEATH							
Primary		How long					
Eclampsia of mother		12 hours					
Immediate		How long					
Still-born		Still-born					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		E. F. Smith M.D.					
		Address					
		Centreville					
Accident or Suicide?							
No						Md.	



Name  
in  
Full

Not named

Bee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Centreville</u> <sup>Town</sup>		<u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>July</u> <sup>Day</sup> <u>11</u>		Age <u>Still-born</u> <sup>Years</sup>		<u>Still-born</u> <sup>Months</sup> <u>Days</u>	
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birth-place <u>Centreville</u>			
Occupation <u>None</u>		Where Residing if not at place of death			
<u>Married, Single or Widowed</u>		Name of Wife or Husband <u>None</u>			
Father's Name <u>would not give</u>		Father's Birthplace <u>Not given</u>			
Mother's Maiden Name <u>Alice Wilmer Gee</u>		Mother's Birthplace <u>Centreville</u>			
Name of person giving information <u>Alice Wilmer Gee</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Eclampsia of mother</u>	How long <u>12 hours.</u>
Immediate <u>Still-born</u>	How long <u>Still-born</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. F. Smith M.D.</u>
	Address <u>Centreville</u>
Accident or Suicide? <u>No.</u>	<u>Md.</u>





Name  
in  
Full

CERTIFICATE OF DEATH

*James H. Guesford*  
*Near Centerville* *D.C. Co*

MARYLAND

Died at *Near Centerville* *D.C. Co*  
Date of death *1907* *July* *9* *Age* *74* *Months* *—* *Days* *—*

Sex *Male* Color or Race *White* Birth place *Ill*

Occupation *Farmer* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs. Fannie Guesford*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Prof. Guesford* How related to deceased *Son*

CAUSES OF DEATH

**81**

Primary *Arterio Sclerosis* How long *7 or 8 yrs*

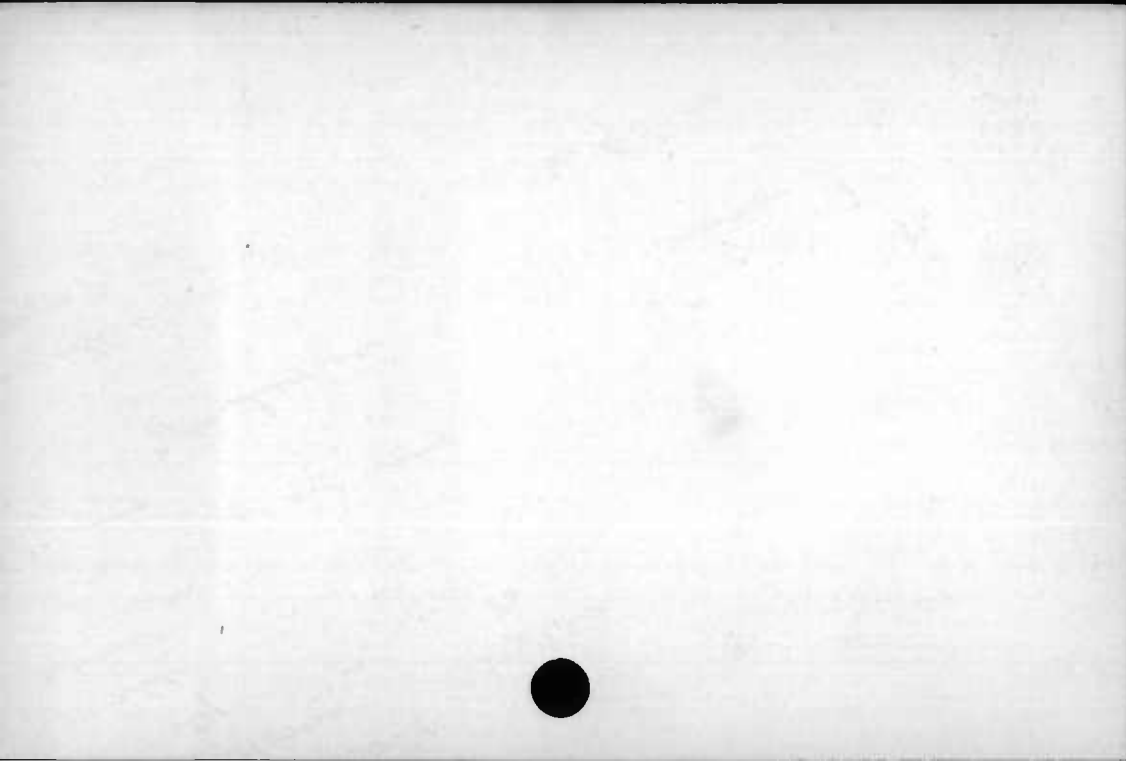
Immediate *Urinary* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *—*

Address *Centerville*  
*Green Creek Rd*  
Accident or Suicide? *no*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

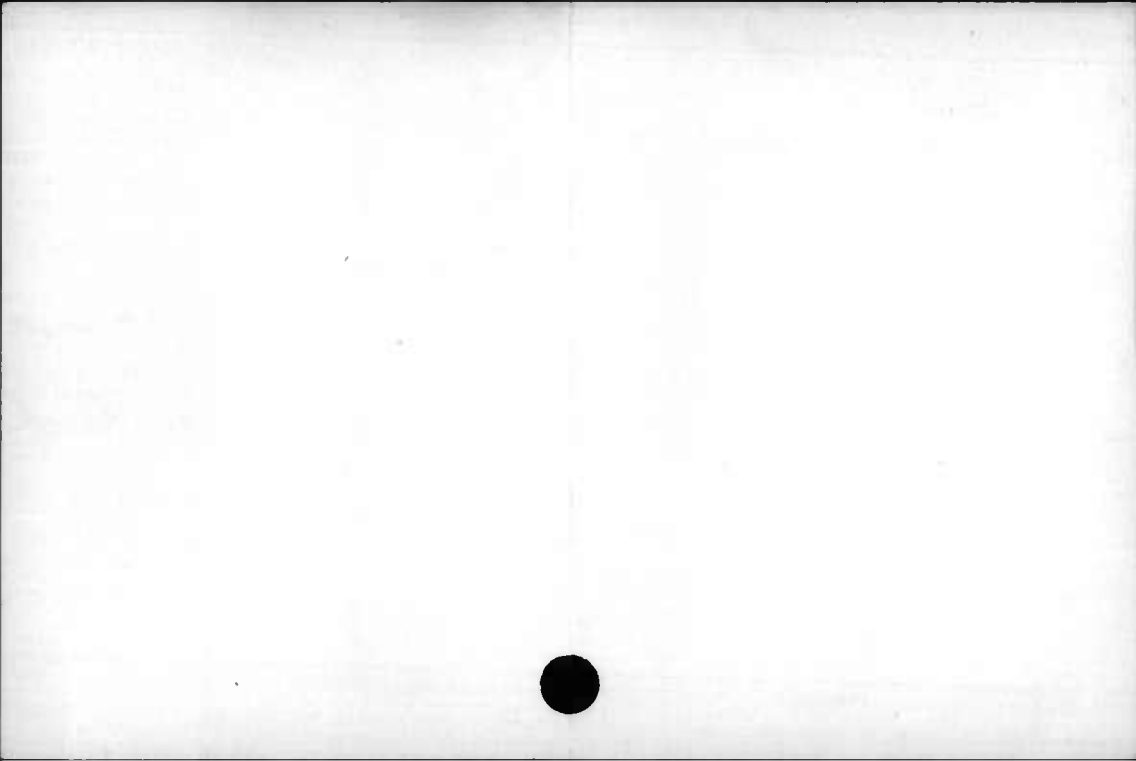
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sudbury</i> <sup>Town</sup>		<i>Runn Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>18</i>	Age <i>71</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Ind</i>			
Married, Single or Widowed	Name of Wife or Husband <i>Joseph B. Harker</i>				
Father's Name <i>Jas P. Wadley</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Goodhand</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>Jos. B. Harker</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart and Probably Salt Stone</i>	How long <i>2 1/2 Years</i>
Immediate <i>Exhausting by Nursing</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. J. Sudler</i>
	Address <i>Sudbury</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

Lottie Ann Harrison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sudlersville		County Queen annes		MARYLAND	
Date of death		1907	Month July	Day 20	Age 58	Months	Days
Sex Female		Color or Race Black		Birth- place Queen anne			
Occupation Housewife		Where Residing if not at place of death Near Pilmans					
Married, Single or Widowed married		Name of Wife or Husband Washington Harrison					
Father's Name Jacob Fox		Father's Birthplace Queen anne					
Mother's Maiden Name Mary Ann Brown		Mother's Birthplace Queen anne					
Name of person giving In formation Washington Harrison		How related to deceased Husband					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	West's Probable heart - Head	How long
Immediate	When I saw her	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address Sudlersville
Accident or Suicide?		md

58 pages 2000

Name  
in  
Full

Not named

Hoskins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cudreville		County R A		MARYLAND	
Date of death 190		Month 7	Day 12	Age 7 yrs		Months	Days
Sex Female		Color or Race Colored		Birth- place Cudreville			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Harry H Hoskins				Father's Birthplace Va			
Mother's Maiden Name Mary F. Jackson				Mother's Birthplace Maryland			
Name of person giving In formation Harry H Hoskins				How related father			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Stenosis	How long	7 days
Immediate	infection	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. J. H. H.	
Cudreville		Address	
Accident or Suicide?			





Name  
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William Johnson

CERTIFICATE OF DEATH

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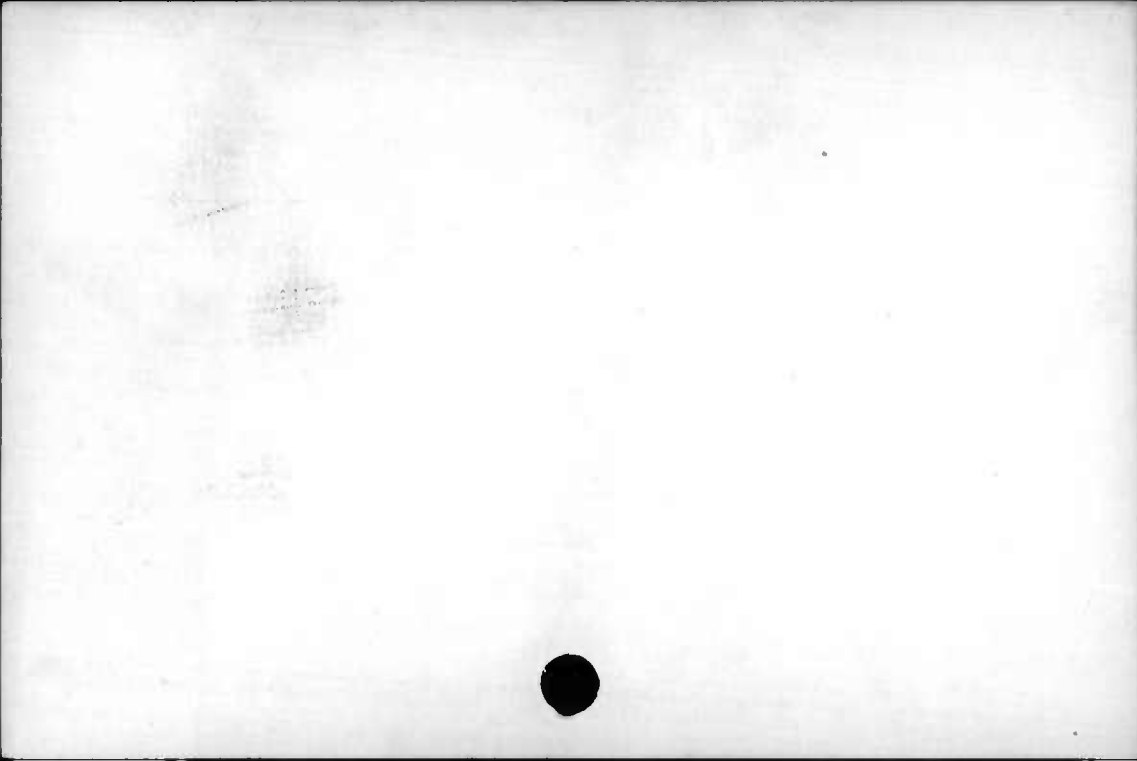
Died at <i>Wye Mills</i> <small>Town</small>			County <i>Queen Anne</i>			MARYLAND		
Date of death <i>1907</i>		Month <i>7</i>	Day <i>16</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Wye Mills.</i>					
<del>Married, Single</del> or Widowed			Name of Wife or Husband <i>Susan Johnson</i>					
Father's Name <i>Not Known</i>			Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Jessie Burk</i>			How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary	<i>Old age - Nephritis.</i>	How long	<i>2 years</i>
Immediate	<i>Heart Failure.</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Stackhouse, M.D.</i>	
		Address <i>Wye Mills.</i>	
Accident or Suicide?		<i>M.D.</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

*Walker, Chas Lewis*

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Church Hill</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND		
Date of death	<i>1907</i> <small>Year</small>	<i>July</i> <small>Month</small>	<i>21</i> <small>Day</small>	<i>22</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex	<i>male</i>	Color or Race	<i>Caucasian</i>	Birth place	<i>2d Co. Md</i>	
Occupation	<i>Labourer</i>		Where Residing if not at place of death			<i>-</i>
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband				
Father's Name	<i>Joseph Lewis</i>			Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Sarah Warman</i>			Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>James H Lewis</i>			How related to deceased	<i>Brother</i>	

CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Dysentery</i>	How long	<i>Don't know</i>
Immediate	<i>when first seen by me -</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>H. H. Meade,</i>		<i>Alcide H. Mc,</i>	
Accident or Suicide?		Address	



Name  
in  
Full

Harry C Merrick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar Bonday</i> Town		<i>Jurm Anne</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>4</i>	Age <i>49</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>"</i>			
Married, Single or <u>Widowed</u>		Name of Wife or Husband <i>Emma B Merrick</i>			
Father's Name <i>James Merrick</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Annie M Douglas</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>R. Leslie</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis and Bright's</i>	How long <i>Nearly 2 years</i>
Immediate <i>Exhaustion and Poison</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Robert Sudler</i>
	Address <i>Sudlersville</i>
	<i>Ind</i>
Accident or Suicide?	

Plate Harry C Merrick  
age 49 years

Robt a 37 Black  
1 gross Round Headed corner

Name  
in  
Full

Ella Polonia Morgan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

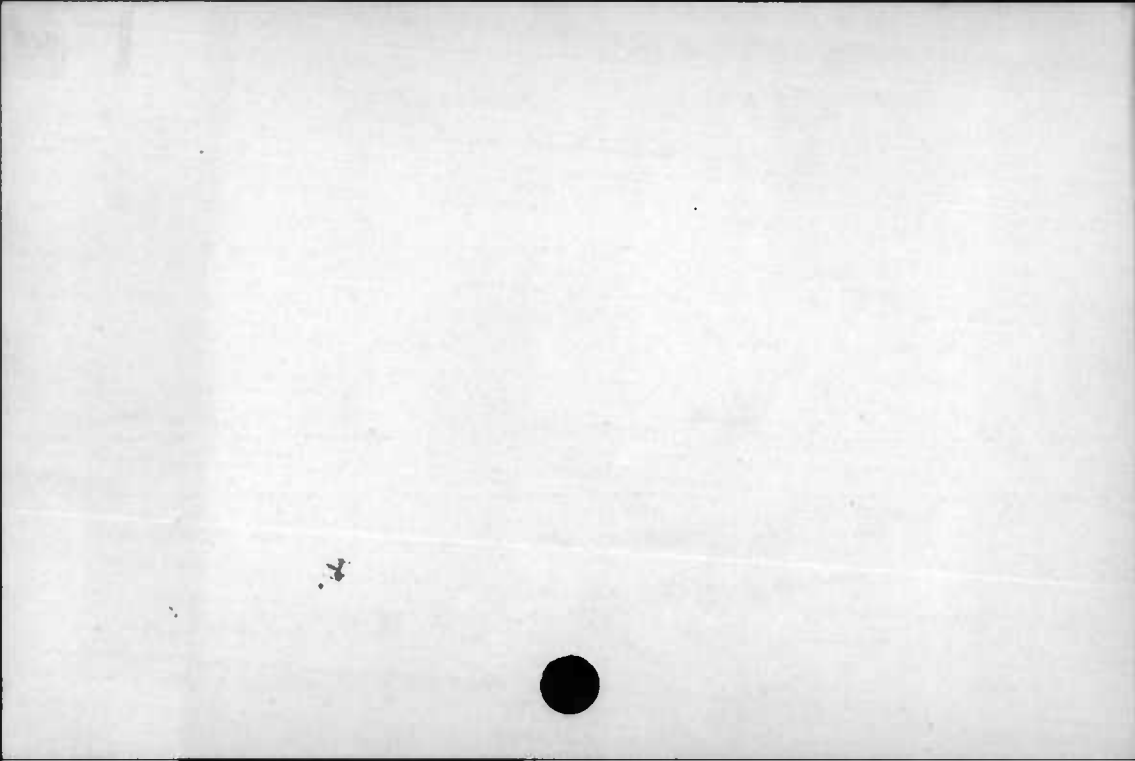
Died at <i>Queenstown</i>		County <i>Queen Anne</i>		MARYLAND			
Date of death	1907	Month <i>July</i>	Day <i>31</i>	Age <i>51</i>	Years <i>51</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne Co., Md.</i>				
Occupation <i>Wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James R. Morgan</i>						
Father's Name <i>John Westley Startt</i>	Father's Birthplace <i>Queen Anne Co., Md.</i>						
Mother's Maiden Name <i>Susan Amanda Sherwood</i>	Mother's Birthplace <i>Queen Anne Co., Md.</i>						
Name of person giving information <i>Mrs. Susan Elmina Crouch</i>	How related to deceased <i>daughter</i>						

## CAUSES OF DEATH

1120

PHYSICIAN  
OR CORONER

Primary <i>Bright disease</i>	How long <i>Two years</i>
Immediate <i>Cardiac failure</i>	How long <i>Half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rowland H. Ford</i>
	Address <i>Queenstown, Md.</i>
Accident or Suicide?	





Name  
in  
Full

*John Nicols*

CERTIFICATE OF DEATH

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NEAREST FRIEND

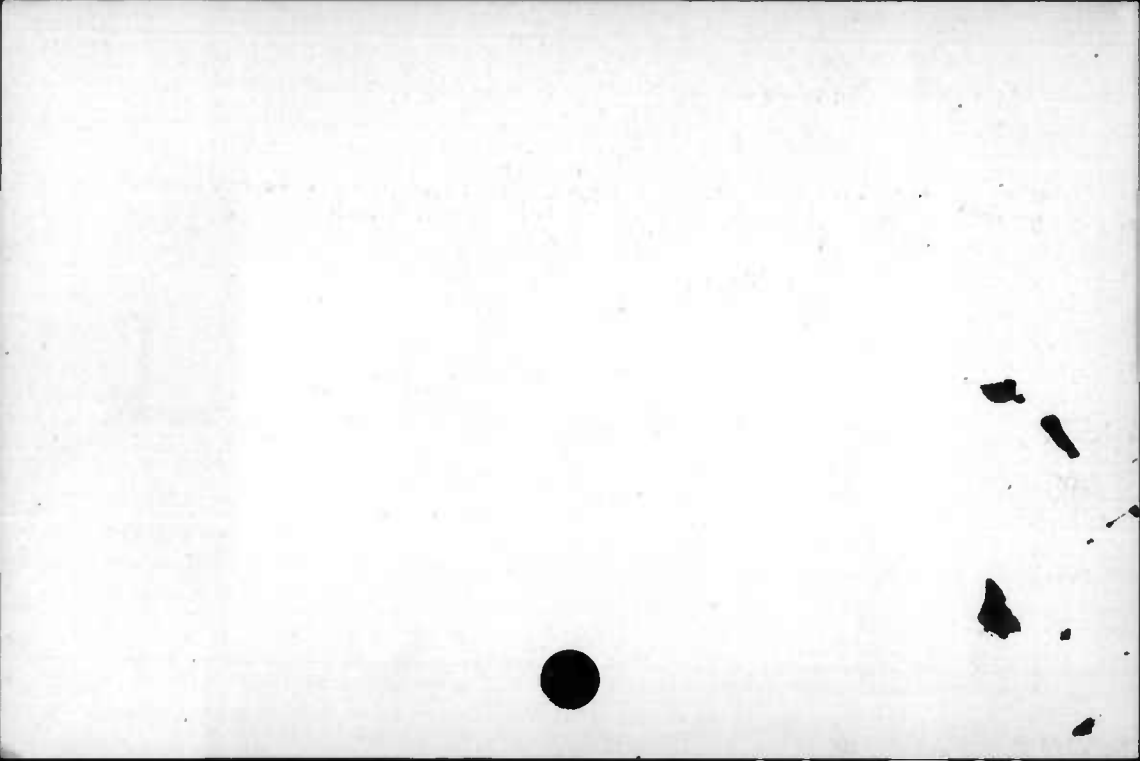
Died at <i>County Home</i>		Town <i>County Home</i>		County <i>2, A, Co</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>6</i>	Age <i>80</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>negro</i>		Birth-place			
Occupation <i>laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>don't know of any</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Wm Lester</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

*120*

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>2 years</i>
Immediate	<i>droopy</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. A. Holston</i>	
		Address <i>Centerville Ind</i>	
Accident or Suicide?			



Name  
in  
Full

Alice Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Roe</i>		Town <i>Roe</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1907	Month	7	Day	17	Age	1
Sex	Female	Color or Race	White	Birth-place	near Centerville		
Occupation	nursing			Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Single			Name of Wife or Husband	—		
Father's Name	John B Porter			Father's Birthplace	2. A. Geo		
Mother's Maiden Name	Lottie S. Sevelley			Mother's Birthplace	2 A. Geo		
Name of person giving information	John B Porter			How related to deceased	Father		

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	Kicked to death by horse		How long	5 hours
Immediate	shock		How long	5 hours
Are the name, age, sex, color, date and place correctly given above?		yis		
Signature of Physician		J. M. Brown M.D.		
Address		Centerville		
Accident or Suicide?		accident		
		Queen Anne Co		



Name  
in  
Full

Mary Rebecca Redden

## CERTIFICATE OF DEATH

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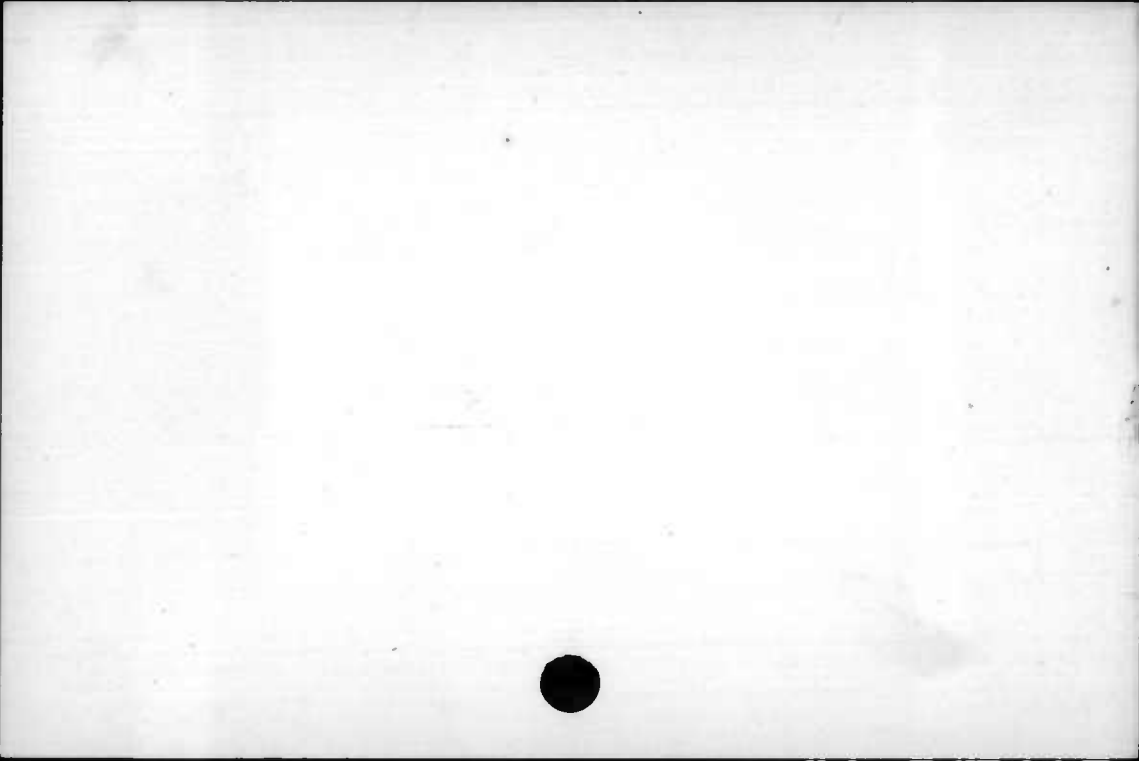
Died at <i>Ridgely, R. R. No. 2,</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>22</i>	Age <i>1</i>	Years	Months <i>9</i>	Days <i>24</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ridgely, R. R. No. 2, Md.</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>W. H. Redden</i>		Father's Birthplace <i>Denton, Md.</i>					
Mother's Maiden Name <i>Lillie Willis</i>		Mother's Birthplace <i>Ridgely, Md.</i>					
Name of person giving information <i>W. H. Redden</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>6 weeks</i>
Immediate <i>Enterocolitis</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter H. Embury</i>
	Address <i>Centerville R. R. No. 4, Md.</i>
Accident or Suicide?	



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph B. Shawn*

Died at *Near Centerville* Town *Queen Anne* County *MARYLAND*

Date of death *1907* Month *7* Day *7* Age *65* Years Months *1* Days *10*

Sex *male* Color or Race *White* Birth-place *md.*

Occupation *Farmer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Widower* Name of Wife or Husband *Elizabeth Howell*

Father's Name *Saml. Shawn* Father's Birthplace *md*

Mother's Maiden Name *Sarah A. Williams* Mother's Birthplace *md*

Name of person giving information *Wm. T. Shawn* How related to deceased *Brother*

## CAUSES OF DEATH

146

PHYSICIAN  
OR CORONER

Primary *Band Secrecaris* How long *10 yrs*

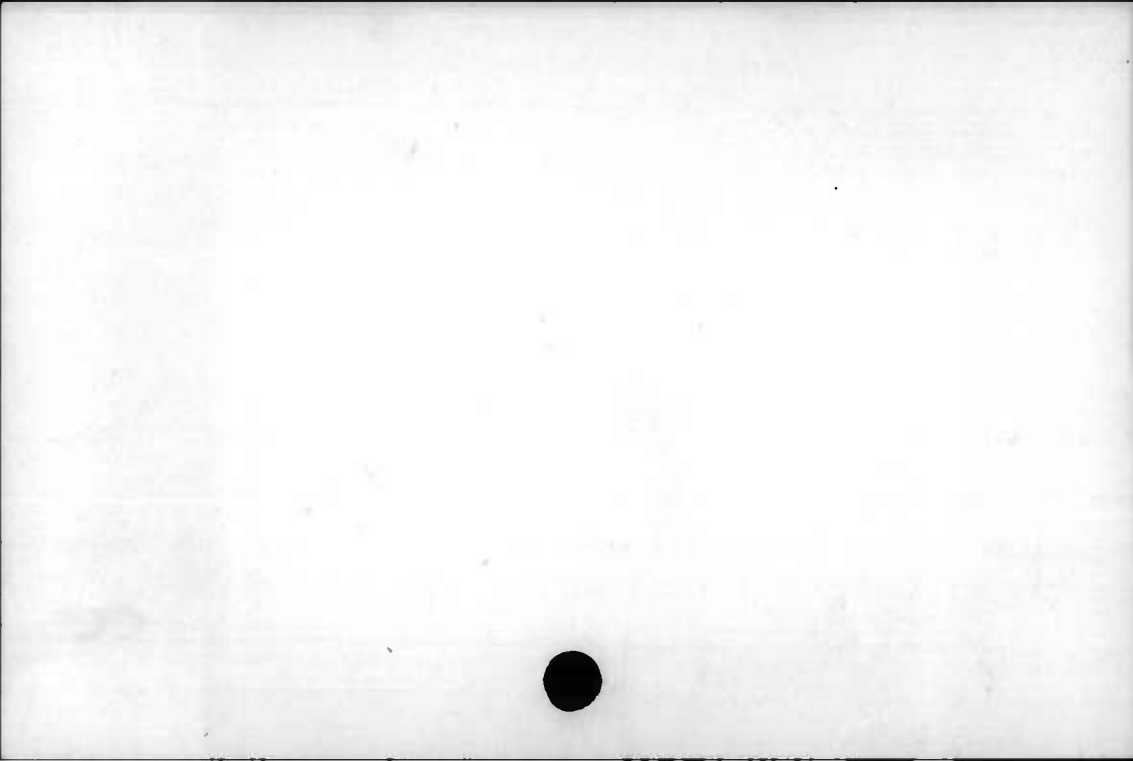
Immediate *Dysentia* How long *2 weeks*

Are the name, sex, color, date and place correctly given above? *yes*

Signature of Physician *James E. ...*

Address *Centerville Queen Anne*

Accident or Suicide? *no*





Name  
in  
Full

James Andrew Tull

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

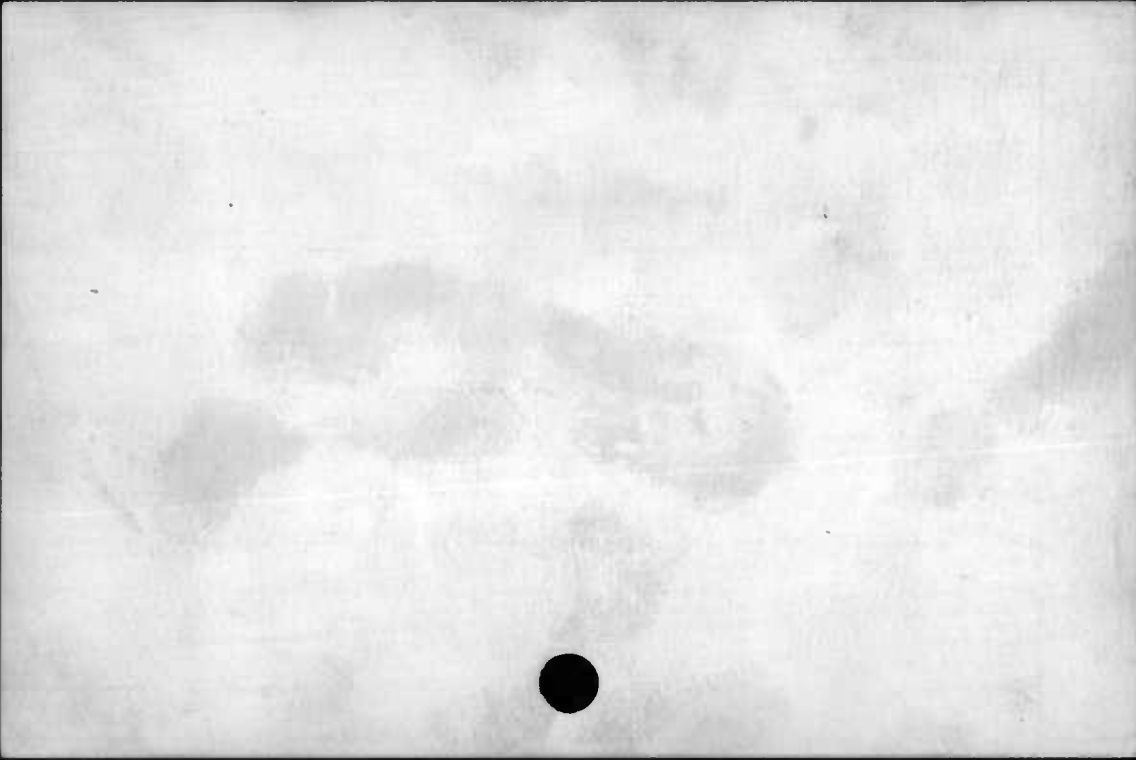
Died at		Town <i>Kent Island</i>		County <i>Queen Anne's</i>		State <i>MARYLAND</i>	
Date of death	1907	Month <i>July</i>	Day <i>28</i>	Age <i>11</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Island</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>Johnson Island</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>George Tull</i>			Father's Birthplace <i>aa Co</i>				
Mother's Maiden Name <i>Born Wiggans</i>			Mother's Birthplace <i>Queen Anne's Co</i>				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	<i>White Swelling</i>	How long	<i>1 month</i>
Immediate	<i>Tubercular Meningitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Cho. E. Hyde</i>	
		Address <i>Stennisville Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

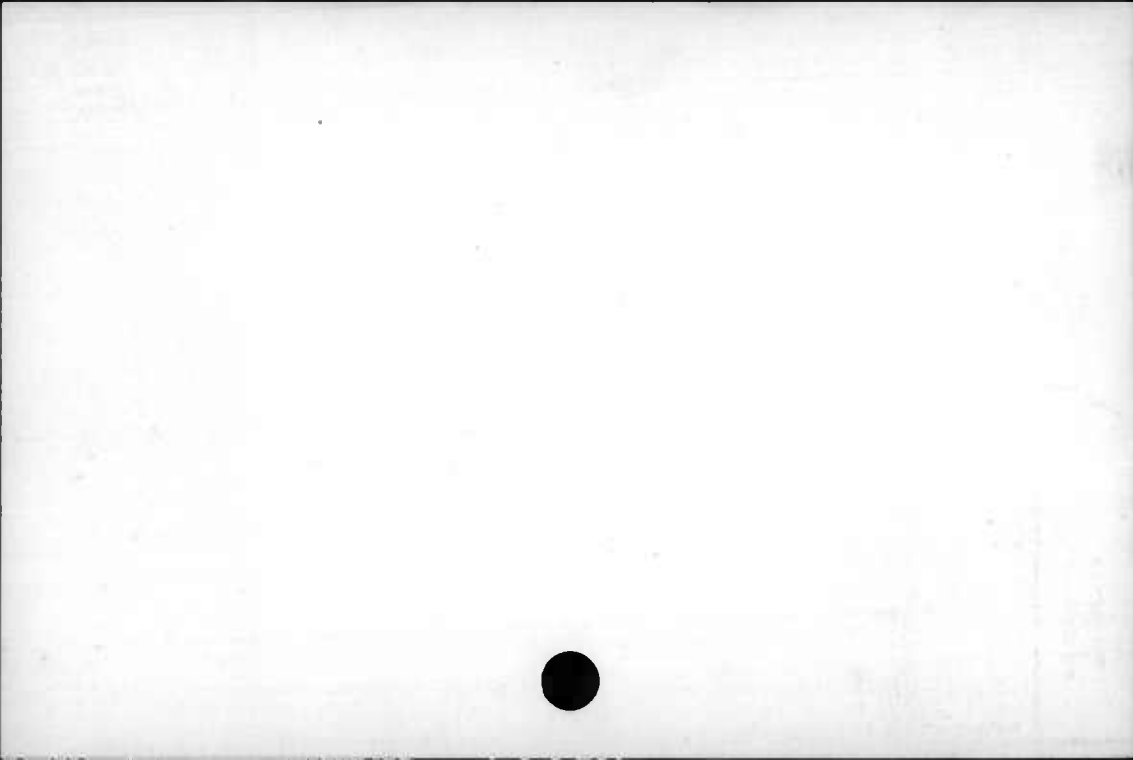
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John P. Watkins</i>		Town <i>Free Barclay</i>		County <i>Queen Anne</i>		State <i>MARYLAND</i>	
Died at <i>Free Barclay</i>		Month <i>7</i>		Day <i>19</i>		Age <i>6</i> Years <i>6</i> Months <i>6</i> Days	
Date of death <i>1907</i>		Month <i>7</i>		Day <i>19</i>		Age <i>6</i> Years <i>6</i> Months <i>6</i> Days	
Sex <i>Male</i>		Color or Race <i>Mulatto</i>		Birthplace <i>Maryland</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John W. Watkins</i>		Father's Birthplace <i>Md-</i>					
Mother's Maiden Name <i>Francis O. Kelly</i>		Mother's Birthplace <i>Md-</i>					
Name of person giving information <i>John W. Watkins</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Smith, M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide?	



Name  
in  
Full

*Georgianna Watkins*  
Town *Charles* County *Queen Anne*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

*1907*

Month

*7*

Day

*20*

Age

Years

*6*

Months

*11*

Days

MARYLAND

Sex

*Female*

Color or  
Race

*Colored*

Birth-  
place

*Kent delaware*

Occupation

*Housewife*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Married*

Name of  
Husband

*Alexander Watkins*

Father's  
Name

*Richard Henry*

Father's  
Birthplace

*Kent delaware*

Mother's  
Maiden Name

*Mary Ann Greenwich*

Mother's  
Birthplace

*Kent delaware*

Name of person giving  
In formation

*Alexander Watkins*

How related  
to deceased

*Husband*

CAUSES OF DEATH

Primary

*Senility*

*14*

How long

*Summer*

Immediate

*Dysentery*

How long

*1 week*

Are the name, age, sex, color, date  
and place correctly given above?

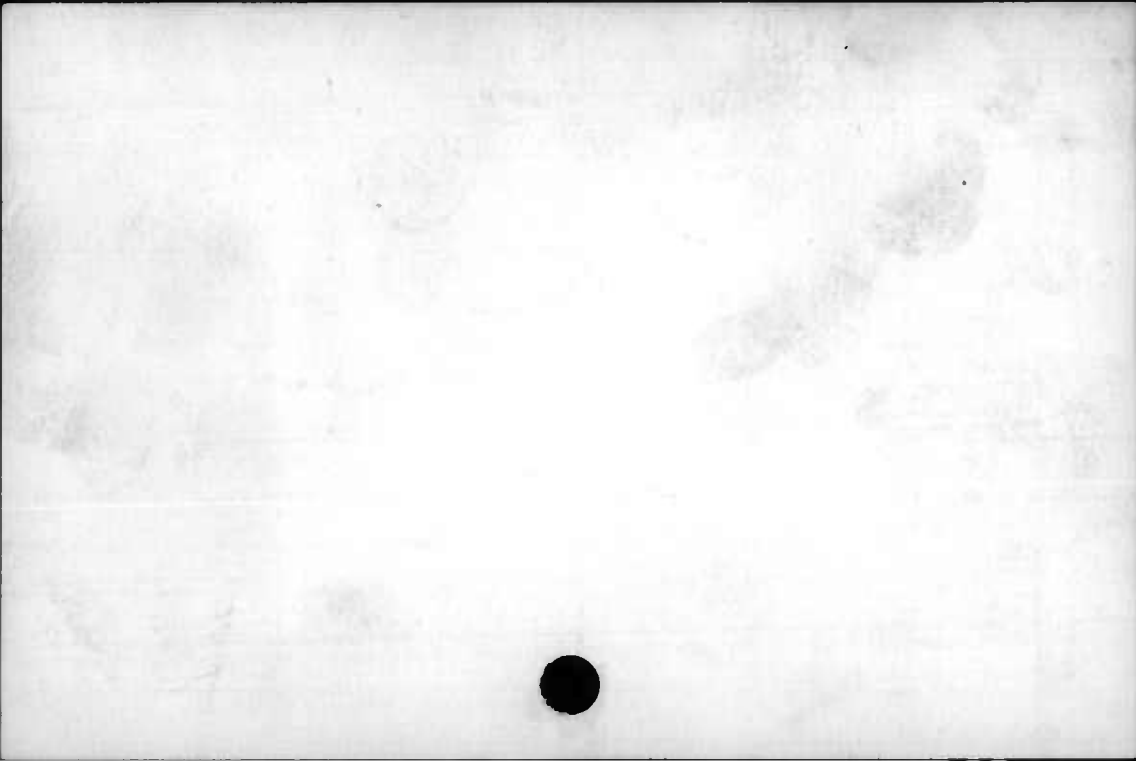
Signature of  
Physician

*D. Snyder*

Address

*Stevensville Md*

Accident or Suicide?



Name  
in  
Full

Frances A Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

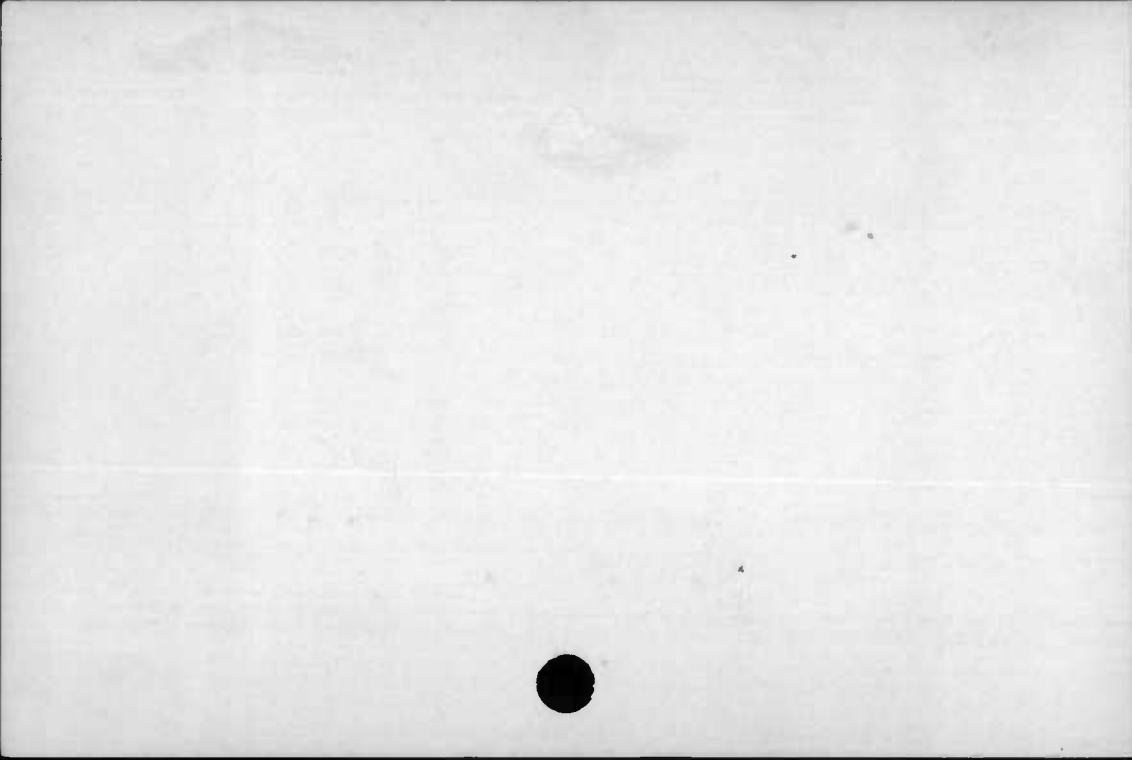
Died at <i>Ingleside</i> Town		<i>Queen Anne</i> County		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>7</i>	Day <i>16</i>	Age <i>69</i>	Years <i>11</i> Months <i>15</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md.</i>			
Occupation <i>Lady</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Benj Wilson</i>				
Father's Name <i>John Hewitt</i>	Father's Birthplace <i>2.A. Co Md</i>				
Mother's Maiden Name <i>Elizabeth Cook</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Wm R Wilson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary <i>Hypertrophy of heart</i>	How long <i>2 years or more</i>
Immediate <i>Rupture of valves of heart</i>	How long <i>Only a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Abraham</i>
	Address <i>Ingleside Md</i>
Accident or Suicide?	





Name  
in  
Full

Leonora Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

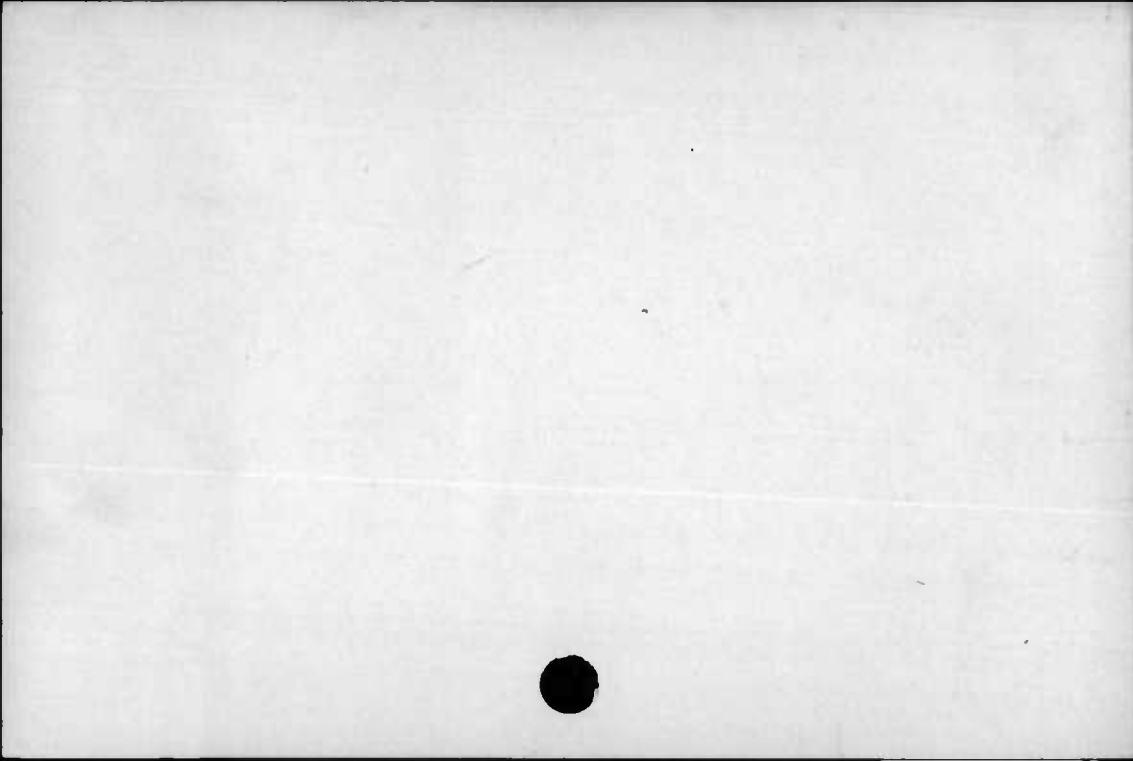
Died at <i>Near Centerville</i> <sup>Town</sup>		<i>Zumme</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>7</i> <sup>Day</sup> <i>28</i> <sup>Years</sup> <i>—</i>		<i>—</i> <sup>Months</sup> <i>2</i> <sup>Days</sup> <i>7</i>			
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Zumme Anne Co.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>W. J. Wilson</i>		Father's Birthplace <i>2. A. Co Md</i>			
Mother's Maiden Name <i>Susie Hawkne</i>		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>W. J. Wilson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>End Sept 1907</i>	How long <i>Don't Know</i>
Immediate <i>no Physician</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Woodford</i>
	Address <i>S. R.</i>
Accident or Suicide?	



Name  
in  
Full

Lucinda Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester</i> Town		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>12</i>	Age <i>66</i>	Years <i>66</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>St Marys Co.</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Chester</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louis Martin</i>				
Father's Name <i>Geo. Watkins</i>	Father's Birthplace <i>Port Bond</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Ernest Lee</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Indigestion</i>	How long <i>3 years</i>
Immediate <i>Paralysis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Snyder</i>
	Address <i>Stevensville Md</i>
Accident or Suicide?	

